



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Proposed Renewal of Existing Collection; Comment Request

**ACTION:** Notice.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: Agreement and Undertaking (OWCP-1). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addresses section below on or before **[INSERT DATE 60 DAYS FROM THE DATE OF PUBLICATION]**.

**ADDRESSES:** Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3201, Washington, D.C. 20210,

telephone (202) 693-0701, fax (202) 693-1447, Email Ferguson.Yoon@dol.gov. Please use only one method of transmission for comments (mail, fax, or Email).

#### **SUPPLEMENTARY INFORMATION**

**I. Background:** Coal mine operators desiring to be self-insurers are required by law (30 U.S.C. 933 BL) to produce security by way of an indemnity bond, security deposit, a letter of credit, or 501(c)(21) trust. Once a company's application to become self-insured is reviewed by the Division of Coal Mine Workers' Compensation (DCMWC) and it is determined the company is potentially eligible, an amount of security is determined to guarantee the payment of benefits required by the Act. The OWCP-1 form is executed by the self-insurer who agrees to abide by the Department's rules and authorizes the Secretary, in the event of default, to file suit to secure payment from a bond underwriter or in the case of a Federal Reserve account, to sell the securities for the same purpose. A company cannot be authorized to self-insure until this requirement is met. Regulations establishing this requirement are at 20 CFR 726.110 for Black Lung. This information collection is currently approved for use through December 31, 2014.

**II. Review Focus:** The Department of Labor is particularly interested in comments which:

- \* evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- \* evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- \* enhance the quality, utility and clarity of the information to be collected; and

- \* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

**III. Current Actions:** The Department of Labor seeks the approval of the extension of this currently approved information collection in order to determine if a coal mine company is potentially eligible to become self-insured. The information is reviewed to insure that the correct amounts of negotiable securities are deposited or indemnity bond is purchased and that in a case of default OWCP has the authority to utilize the securities or bond. If this Agreement and Undertaking were not required, OWCP would not

be empowered to utilize the company's security deposit to meet its financial responsibilities for the payment of black lung benefits in case of default.

**Type of Review:** Extension.

**Agency:** Office of Workers' Compensation Programs.

**Title:** Agreement and Undertaking.

**OMB Number:** 1240-0039.

**Agency Number:** OWCP-1

**Affected Public:** Businesses or other for-profit

**Total Respondents:** 20.

**Total Responses:** 20.

**Time per Response:** 15 minutes

**Estimated Total Burden Hours:** 5

**Total Burden Cost (capital/startup):** \$0.

**Total Burden Cost (operating/maintenance):** \$10.40.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

**Dated:** July 8, 2014.

Yoon Ferguson,  
Agency Clearance Officer,  
Office of Workers' Compensation Programs,  
US Department of Labor.

Billing Code No. 4510-CR-P

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